

# PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

**RETURN TO:**

Office of the Attorney General  
 Consumer Affairs Section  
 11 South Union Street  
 Montgomery, Alabama 36130  
 (334) 242-7335

- ☐ **Initial Registration**

☐ **Statement Update/Annual Renewal**  
 Original registration date \_\_\_\_\_

Provide the information below. A fee of twenty-five dollars (\$25) payable to the Office of the Attorney General must be paid at the time of registration (and upon annual renewal). Registration will be for the period of one year or a part thereof, expiring on September 30<sup>th</sup> of each year.

1. Full Name \_\_\_\_\_  
 \_\_\_\_\_
2. Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_
- 2A. Mailing Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_
3. Telephone Number(s) \_\_\_\_\_  
 Fax Number(s) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Website \_\_\_\_\_
4. Date of Birth \_\_\_\_\_  
 Drivers License Number \_\_\_\_\_  
 Social Security Number \_\_\_\_\_
5. List the name, address and telephone number of the professional fundraiser for which you will solicit funds.  
 Fundraiser Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_

NOTE: If you solicit for more than one fundraiser, please send that information on additional sheets.

6. Have you ever been convicted of a felony?

Yes ☐ No ☐

6A. If YES, explain? \_\_\_\_\_  
\_\_\_\_\_

**Public Disclosure Notice**

Information in this statement is public record and all or portions of this information may appear on the Attorney General's website.

THANK YOU FOR YOUR COOPERATION

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**CERTIFICATION**

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I, (NAME) \_\_\_\_\_ hereby certify under penalty of perjury, that the information contained in this statement is true and correct. I also understand that I am under a continuing obligation to notify the Office of the Attorney General within ten (10) days of any change in the information provided.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ My Commission Expires \_\_\_\_\_